



New York City Department of Education - Division of Human Resource and Talent
HR Connect Medical, Leaves & Records Administration
65 Court Street, Brooklyn, NY 11201
Phone: 718-935-4000 Fax: 718-935-2641



Accommodation Request Form

To be completed by the applicant

FILE NUMBER

TITLE

SOCIAL SECURITY NUMBER

[Redacted]

Teacher

[Redacted]

Wald

Karen

A

LAST NAME

FIRST NAME

M.I.

[Redacted]

STREET ADDRESS

[Redacted]

APT NUMBER

[Redacted]

CITY

STATE

ZIP CODE

HOME TELEPHONE #

[Redacted]

E-MAIL ADDRESS

[Redacted]

SCHOOL/OFFICE

OACE

CFN

[Redacted]

SUPERVISOR'S NAME

SUPERVISOR'S TELEPHONE NUMBER

Rosemary Mills - Supt. of OACE

718 638 2635

DISABILITY, LIMITATION(S) AND JOB FUNCTION(S) UNABLE TO PERFORM:

Chronic lymphocytic leukemia on oral chemotherapy daily - decreased work commute as pt is fatigued and at high risk for infection with stressed schedule.

DETAILED DESCRIPTION OF ACCOMMODATION REQUEST:

Reduced travel time with position closer to her home or job hours more conducive to adequate rest / decreased stress - will prevent absences at work as allows for MD visits in her free time

Has your request been denied by your supervisor? Yes ☐ No ☐

Karen Wald

Signature of Applicant

RECEIVED SEP 03 2015

08/26/15

Date

Supporting medical documentation and a description of your job duties must accompany this request.

RECEIVED SEP 03 2015